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an individual tainted with dementia precox, there was no rise in the blood pressure during a period of lying, although we knew that this person was guilty. Again, we may be dealing with the type of individual in whom there is a maximum rise the moment that he realizes that he is to be submitted to a test, and in one case, that of a boy of eighteen, the initial pressure was one hundred fifty mm. and there was no appreciable deviation from this level. However, marked irregularities were discernable in the heart beats. These ranged from a partial vagal block (momentarily) to a sort of summative effect in the curve. (Tycos measurements were taken every minute.)

On the other hand, there is the possibility of a psychopathic taint which may interfere with the eliciting of any emotional complex. Thus a syphilitic, who had been diagnosed as a case of dementia precox and had received institutional care, evinced nothing but amusement during a cross-examination.

Records are being taken from the inmates of penal institutions and those for the insane. Also many healthy individuals will be studied with reference to the fundamental emotions. Perhaps the perusal of five or ten thousand records will give us some real insight into human behavior.—John A. Larson, Ph. D., Police Department, Berkeley, Cal.

**The Treatment of Drug Addiction at the Correctional Hospitals in New York City.**—There has been so much discussion concerning the treatment by correctional institutions of drug addiction, and such false impressions obtained, not only by the public in general, but also by interested social workers who should be better informed, that a comprehensive resume should be made of every phase of drug addiction, and the treatment administered by the Department of Correction of New York City.

It should be understood, in the beginning, there is no such thing as a "cure," as the term is generally interpreted by the laity. After treatment the patient is able to live without the drug, there is no physical need for it, but nothing will blot out the memory of the exhilarating effect of the first few "shots."

The best treatment then is the one which takes the addict off the drug with as little suffering as possible, restores his physical being, rehabilitates him, and assists him to withstand the temptation, which continues for a long time after the treatment is completed.

Drug addiction has progressed with such rapid strides that it has become an international problem. Concerted action is therefore necessary by all municipalities, and a standard, economic method of treatment should be adopted. In formulating such, several important factors should be borne in mind, namely:

Safety  
Humanity  
Results  
Economy.

There is no mystery about drug addiction or its treatment, and it is the purpose of this article to explain to the public in general how drug addiction can be handled by municipal authorities, guided by any intelligent physician, at a minimum expense.

In order to obtain a clear-idea of the treatment of drug addiction, it will be necessary, first of all, to give you the effects of opium or its derivatives on the

habitual user, and to bring out the salient features and the reasons for the different methods of treatment as outlined by the several observers who have made extensive and original attempts at a cure.

The principal action of opium is exerted on the entire nervous system. All three divisions are involved—the sympathetic system, the cerebral centers, and also the gray matter of the cord. We have a resulting mental depression; there is a slowing of respiration, a diminishing of secretions, and an impairing of the functions of the liver. All secretions are diminished with the exception of the sweat.

The patient now presents a picture of a poorly developed, poorly nourished individual, with a cold, clammy, wet skin, who is apathetic, does not care to move about, and is particularly loathe to bathe. If he is careful in the amount taken, he is able to attend to his daily task, does not suffer, but is continually losing ground. His power of resistance is lowered, and he becomes an easy prey to current affections—tuberculosis, pneumonia, influenza, or any of the maladies we have to combat in everyday life. The majority of drug addicts do not keep a perfect balance, but use considerably more opium than is necessary, and then become true addicts and not ordinary habitues.

If the opium is now suddenly withdrawn, we find a set of symptoms which are fairly constant and are really diagnostic of this disease, and have been termed “withdrawal signs.” This condition is generally ushered in by yawning, sneezing, tremors, vomiting, and sometimes symptoms of collapse.

There are two plans of treatment that have been generally accepted as serious efforts for the establishment of a “cure.” The first of these abruptly withdraws the opium and substitutes some other drug. The second plan gradually withdraws the opium and meets the symptoms when they appear. The first plan may be further divided into: The procedure of using belladonna, or some of its derivatives, as a substitute. Second, a very original method developed by Stokes. Lott and Bishop are the exponents of the hyoscine (which is a belladonna derivative) method. Dr. Bishop has advanced the theory that the body, in an effort to combat overdoses of opium, develops or produces an “anti-body,” which is really responsible for the “withdrawal signs.” Inhibition of functions, which is one of the effects of the use of opium, locks some of the excess opium in the cells of the organs, notably in the liver, and it is stored here and given off in the circulation from time to time, as inhibition declines and the organs resume their normal functions. This stored-up opium enters the circulation sometimes as late as a month or more after the withdrawal of the drug, and develops new “anti-bodies,” which, in turn, give rise to withdrawal signs and accounts for the patient having again recourse to the use of opium.

His treatment, based on this hypothesis, is to give a careful preliminary treatment to the patient to bring about as nearly as possible the normal functions; to give him sufficient opium for his body needs and by cathartics which act on the liver to eliminate the excess of stored-up opium, and when such a condition has been obtained, to abruptly withdraw the drug and deaden sensation with hyoscine; to keep them under the influence of this drug for several days, then to stop the hyoscine and start rehabilitation.

The Stokes method of treatment is based on the hypothesis that the sympathetic nervous system plays the important rôle, and Stokes claims to have found in eserine and philocarpine a physiological antidote, and with these drugs

he stimulates secretion and diaphoresis. These plans are very plausible, each in its own way. They have advanced theories which are reasonable and which have many adherents who are excellent observers. The objection to them is in the use of other drugs which are dangerous in inexperienced hands, so that these "cures" can never become universal owing to the scarcity of especially trained physicians and attendants. The condition of the patient under the influence of hyoscine is very closely akin to that of a case under twilight sleep. These patients must necessarily be watched very closely to guard against accident, and the staff of physicians and nurses is therefore very large, and the expense enormous.

The other plan, which is based on the assumption that opium is merely a toxic agent, gradually withdraws the drug, assists the general economy to readjust itself by the judicious use of a few medicaments, and meets the symptoms when they appear. The term "when they appear" has been used for the reason that often there are no symptoms attached to the withdrawal of the drug. A great many drug users, especially of the better type, use no more opium than is sufficient to keep them in perfect balance. These are not true drug addicts, but merely habitues, and the withdrawal of the drug is a very simple matter, entailing no more suffering than obtains with the breaking of any other habit, for instance, tobacco or alcohol.

No theory of any plan has been proven, and there are as many excellent clinicians who use the withdrawal plan of treatment as use the other methods. The particular features that recommend the gradual withdrawal method are its absolute safety and its inexpensiveness, as it may be prescribed by any intelligent physician. The real test of proof of the efficiency of any method is the result obtained. It can be safely said that no one plan shows better results than the other. They all come to a happy termination. The case rapidly regains weight, quickly re-establishes the normal functioning of his organs, and his general improvement is so marked as to be a source of wonder even to the laity.

The method that has been selected for the Correctional Department was developed only after careful study and investigation of all methods used. The danger of the other two methods were considered, as was also the expense. Furthermore, a canvass was made of the drug addicts themselves to determine the method they would prefer. Without exception they selected the gradual withdrawal system. A great majority showed a reluctance to the hyoscine method because they were afraid of any possible complications that might arise from the use of this very potent drug.

The treatment given in the Department of Correction is briefly outlined as follows: When the case is received he is immediately sent to the reception or clearing-house hospital, where he receives a very thorough physical examination, and note is made of any complications or other diseased conditions that may need urgent or coincident treatment. If he is suffering from any infectious or contagious disease, he is retained at the reception hospital on Blackwell's Island, and the drug cure is given there in conjunction with the treatment for his other ailments. If the case is one of a mixture of tuberculosis and drug addiction, it is determined whether or not his condition will permit the withdrawing of the drug. If it is not feasible, on account of exaggerating his tubercular condition, to take him off the drug, he is transferred to the tubercular hospital on

Hart's Island, or if he is a court case, a report is sent to the commissioner, with the suggestion that he be returned to court and the judge notified that it would be inadvisable to take him off the drug at that time.

An uncomplicated case goes immediately to Riker's Island, where he starts on the cure. Here they determine his body needs, that is, he is given sufficient opium to keep him out of pain. This, of course, is a variable amount, but, as a rule, 15 drops of *majendie*, administered three or four times a day, is sufficient. The dose is prescribed at, or near, meal-time as an inducement for them to take some nourishment. If necessary, a laxative is given. The opium is gradually withdrawn, one drop each day, so that at the end of two weeks the patients are completely off the drug, and are then given strychnine or other supportive measures temporarily. The use of drugs and sedatives is to be curtailed as much as possible, for the gastric secretions are now beginning to develop; the stomach muscles, long disused, are awaking from a state of atony, and great care must be exercised to keep anything of an irritating nature away from the organ, as it is here that we build our hope on the future rehabilitation. The insomnia is taken care of by exercise, as the best somnifacient is not drugs but fresh air. A body physically tired will sleep.

A great deal of the benefits resulting from this form of treatment has been due to the system of graded exercise at Riker's Island. For the first week or so after the complete withdrawal of the drug the patients are allowed to occupy themselves to suit their inclination. Later they are permitted to perform light labor, general police duty or pulling weeds. It is not long until they ask to be placed at hard manual labor.

The nourishing of these drug addicts is really the most vital part of any treatment. Sufficient nourishment of an easily digestive nature must be given, and that in amounts which will not be irritating to the delicate mucus membrane now in a state of metamorphosis.

Physiologists have agreed that the number of calories needed to sustain a normal individual is in the neighborhood of 2,400. Estimates made of the dietary at the correctional hospitals have shown addicts to be receiving at least 4,000. This is considerably more than sufficient. It is true that too much reliance cannot be placed on these laboratory findings, and we must necessarily corroborate them with practical results. At least 1,000 drug addicts have taken the treatment in this department in the last year, and the average gain in weight is somewhere between 35 and 40 pounds. This speaks very well for the treatment and the nutritive value of the food used.

Research work, particularly along the lines of the food given, is being conducted. The percentage of gastric disorders is high enough to warrant the investigation as to whether we are not feeding too much. The opportunities for observation and study are better in this institution than at any other place. The court rules that they shall remain in custody at least 100 days. Certainly, if complications are to arise, they will make their appearance within that time. We have never found a single case that has taken the cure as prescribed by the physician that has ever felt a craving for the drug.

Another feature that must be taken into account in the institutional treatment of drug addicts is the attitude of the patient himself. This has been considered also in selecting the method of treatment. Most of the cases received by the Department of Correction are those in which there is not only lack of coöperation, but a decided objection to be taken off the drug.

The advocates of the hyoscine method point to its feature of absence of discomfort. It is perfectly proper for those who are conscientiously striving to rid themselves of this pernicious affliction to receive all the help that medical science can afford, and no expense should be spared to assist them in gaining their health with as little suffering as possible. With the criminal type the conditions are different. The patient does not want to be cured, usually rebels, and is only waiting until his time is up to go back on the drug. Those cases, if they find it a simple matter and free from inconvenience, they will be induced to again take the drug, knowing that they can be cured when they get into bad shape, without any effort or hardship, so that in some instances the most humane method is poor philanthropy.

After the case has remained 100 days free from the drug, the doctor is through, and the case becomes a sociologic problem, and prevention of drug addiction is the paramount issue.

Summarizing briefly, we find the gradual withdrawal plan the safest and the most economical, the results not only as good as any other, but bearing scrutiny for a longer period of time. As to it being a humane method, we have the word of the drug addicts who have used all treatments that they prefer the gradual withdrawal plan.—James A. Hamilton, Commissioner of Corrections, New York City.

**Criminal Responsibility.**—Laignel-Lavastine begins his study of this subject by repudiating the term "criminal responsibility" and using instead "penal capacity," analogous to the expressions earning capacity and civil capacity. He discusses this from various standpoints, reiterating in conclusion that the medico-legal expert does not have to pass judgment on the penal capacity. All he has to certify to is *l'anormalité, la nocivité, l'impulsivité, l'intimidabilité et la perfectibilité* of the accused. It is for the court to decide from these premises whether the penal capacity is normal, attenuated, or nil."—*J. Am. Med. A.*

**The Narcotic Control Association of California.**—There was formed in San Francisco on October 27 a new organization, to be known as the "Narcotic Control Association of California." This organization is made up of representatives of every civic and fraternal organization in the state of California, and also includes among its membership the officials who are charged with law enforcement in this state.

The officers are as follows: President, James A. Johnston, Warden of San Quentin Prison; vice-president, Mrs. Helen P. Sanborn, President of the San Francisco Board of Health; secretary, Louis Zeh, Secretary of the California State Board of Pharmacy; treasurer, Charles Goff, Captain of Police, San Francisco, Cal.

After a spirited meeting the resolutions given here below were passed, and, if followed up, will result in curtailing the drug traffic in this state:

WHEREAS, The Harrison Narcotic Act, the federal law providing punishments for unlawful sales and handling of narcotics is not sufficiently strict to cope with the drug evil now existing throughout the United States; now therefore be it

RESOLVED, That it is the sense of this association that the Harrison Narcotic Act be amended in the following particulars: